

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-015174

STATE FILE NUMBER

2 3311

FILED APR 24 1959

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>			c. CITY OR TOWN <b>St. Louis</b>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2735-1/2 Laclede</b>			d. STREET ADDRESS (If outside, give location) <b>2735-1/2 Laclede</b>		
3. NAME OF DECEASED (Type or print) First <b>MAYME</b> Middle <b>----</b> Last <b>JACOB</b>			4. DATE OF DEATH Month <b>4</b> Day <b>2</b> Year <b>1959</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>2-20-1880</b>		9. AGE (In years) <b>79</b> birth day
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Henry Jacob</b>		13b. MOTHER'S MAIDEN NAME <b>Eliz. Springmeyer</b>		14. NAME OF HUSBAND OR WIFE <b>NOME</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, <b>known</b> ) (If yes, give war <b>No</b> of service)		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Frank E Wagner</b> Address <b>5103 Shrewsbury</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c) <b>420.0</b>					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <b>a.m.</b> Month, Day, Year <b>p.m.</b>					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <b>8:00 A.M.</b> to <b>her</b> and last saw <b>him</b> alive on <b>m</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>John E. Taylor</b> (Degree or title) <b>3</b>			22b. ADDRESS <b>1309 Elm</b>		22c. DATE SIGNED <b>4/2/59</b>
23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <b>Buried</b>	23b. DATE <b>4-4-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		23d. LOCATION (City, town, or county) <b>St. Louis Mo.</b> (State)	
24. FUNERAL DIRECTOR <b>Wingbermuehle</b> ADDRESS <b>3819 So Grand Blvd.</b>			25. DATE RECD. BY LOCAL REG. <b>APR 3 '59</b>		26. REGISTRAR'S SIGNATURE <b>Roan Smith, M.D.</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. .... 4611

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.